Unfair practice of private hospitals

194. SHRI RAJEEV SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that many private hospitals in the country hire unregistered doctors at meager salaries and risk the lives of patients;

(b) whether Government proposes to ask Medical Council of India to examine the matter and submit report; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) Health being a state subject, it is for State Government to regulate/monitor the functioning of its hospitals and to ensure that the hospitals comply with the norms/regulations prescribed by the respective State Government as well as to take punitive action against these hospitals in case of proven unethical/unscrupulous conduct.

Medical Council of India only regulates medical education and registration of qualified medical professionals of Allopathic System of Medicine and has no role in regulating the functioning of private hospitals.

Nutrition related diseases in women

195. SHRI RAJEEV SHUKLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a multi-centric study (2005-08) on nutrition related diseases in women has indicated high prevalence of obesity and high cholesterol levels in women over 35 years of age in India;

(b) whether Government has examined the report; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per information available, Department of Science and Technology had funded a multi-centric study in 2005 on Development of appropriate prevention and interventions strategies for nutrition related non-communicable disorders amongst women in post reproductive period with All India Institute of Medical Sciences, New Delhi as the coordination centre. The study is still in progress.

(b) and (c) Do not arise.

Government spending on health care

196. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Common Minimum Programme had suggested raising public spending on health to at least 2.3 per cent of GDP; and what was actually spent, during last three years;

(b) percentage share of GDP utilized for public health by neighbouring/advanced countries;

(c) the details of private and Government spending on health care for the last three years;

(d) whether the provision of various health service by Government could be considered to be adequate; and

(e) compared on various health parameters, where does India stand, *vis-a-vis* neighbouring/advanced countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Under the National Common Minimum Programme (NCMP) of the Government, health care is one of the seven thrust areas. The NCMP had mandated that Public spending will be raised to at least 2-3% of GDP over the next five years with focus on public health care. Public spending on health as % of GDP for the last three years has been in the vicinity of one percent.

(b) and (c) The details of percentage share of GDP utilized for public health by neighbouring / advanced countries as also data relating to private and Government spending on health care for the available last three years are given in Statement-I (*See* below).

(d) Recognizing the fact that health care services in the country are inadequate, National Rural Health Mission (NRHM) was launched in April, 2005. Under the NRHM, a wide range of policy initiatives have been taken for improving health infrastructure and address the health care needs of the population to achieve better health indicators. The main aim of NRHM is to provide accessible, affordable, accountable and effective primary health care facilities, especially, to the poor and vulnerable sections of the population. Improvements in health services is a continuous process and initiatives already implemented would be further strengthened.

(e) Select health parameters in respect of neighbouring/advanced countries are given in Statement-II.

Statement-I

Government spending on Health as percentage of Gross Domestic Product (GDP) and Government Expenditure and Private Expenditure on Health as % of total expenditure on Health

Country	Govt. Health Expenditure as % of GDP			Total Expenditure on Health as % of GDP			Government Expenditure on Health as % of total Expenditure on Health			Private expenditure on Health as % of total expenditure on health		
	2004	2005	2006	2004	2005	2006	2004	2005	2006	2004	2005	2006
India	0.87	095	0.90	5.0	5.0	3.6	17.3	19.0	25.0	82.7	81.0	75.0
Pakistan	0.43	0.37	0.33	2.2	2.1	2.0	19.6	17.5	16.4	80.4	82.5	83.6
Bangladesh	0.87	0.81	1.02	3.1	2.8	3.2	28.1	29.1	31.8	71.9	70.9	68.2
Sri Lanka	1.96	1.89	2.00	4.3	4.1	4.2	45.6	46.2	47.5	54.4	53.8	52.5
China	1.79	1.82	1.87	4.7	4.7	4.6	38.0	38.8	40.7	62.0	61.2	59.3
Nepal	1.47	1.63	1.56	5.6	5.8	5.1	26.3	28.1	30.5	73.7	71.9	69.5
Bhutan	2.95	2.84	2.52	4.6	4.0	3.5	64.2	71.0	72.1	35.8	29.0	27.9
Philippines	1.35	1.17	1.25	3.4	3.2	3.8	39.8	36.6	32.9	60.2	63.4	67.1
USA	6.88	6.86	7.01	15.4	15.2	15.3	44.7	45.1	45.8	55.3	54.9	54.2
UK	6.99	7.14	7.16	8.1	8.2	8.2	86.3	87.1	87.3	13.7	12.9	12.7
Canada	6.84	6.82	7.04	9.8	9.7	10.0	69.8	70.3	70.4	30.2	29.7	29.6

Source: World Health Statistics, 2007, 2008 and 2009 (Government Expenditure as % of GDP derived from data contained in the Reports quoted)

Statement-II

Select Health Parameters in respect of countries neighbouring and advanced

Country	Life expectancy at Birth (years)	Under 5 mortality rate (per 1000 live births)	Infant Mortality rate (per 1000 live births)	Maternal Mortality ratio (per 100000 live births)
	Both Sexes 2007	Both Sexes 2007	Both Sexes 2007	Female 2005
India	64	72	54	450#
Pakistan	63	90	73	320
Bangladesh	64	61	47	570
Sri Lanka	71	21	17	58
China	74	22	19	45
Nepal	63	55	43	830
Bhutan	63	84	56	440
Philippines	71	28	23	230
USA	78	8	6	11
UK	80	6	5	8
Canada	81	6	5	7

Source: World Health Statistics, 2009

#As per Registrar General of India; Sample Registration System (SRS) 2004-06, MMR is 254.

Public spending on health

197. DR. GYAN PRAKASH PILANIA:
SHRI LALIT KISHORE CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Common Minimum Programme had committed to allocate 2 to 3 per cent of the GDP as public expenditure on health, a target to be achieved by 2010;

(b) whether public spending on health had declined from 1.16 per cent in 2002 to 0.87 per cent in 2004;

(c) if so, the present status and how does it compare with neighbouring/advanced countries;

(d) how do various health parameters/women and child health norms/MMR and IMR, compare with other countries; and